United States District Court

MIDDLE DISTRICT of FLORIDA

APPEARANCE

	ALL EXITATIVE		
V.	Case	No:	
To the Clerk of this court and all parties of rec	ord:		
Enter my appearance as counsel in this	s case for		
I certify that I am admitted to practice i	n this court.		
Date	Signature		
Date			
	Print Name		Bar Number
	Address	State	Zip Code
	Phone Number	Julio	
	FIIOTIE INUITIDEI		Fax Number